



City of Lafayette
Parks and Recreation
1915 Scott Street
Lafayette, IN
Phone 771-2220 Fax 771-2219

City of Lafayette
Parks and Recreation Department
Seasonal Application

Referral Source: ☐ Advertisement ☐ Employee
☐ Relative ☐ Government Employment Agency
☐ Private Employment Agency ☐ Walk-in ☐ Other
Name of source (if applicable) _____

List specific position desired in order of preference:

1. _____
2. _____
3. _____

Name _____
First Middle Last

Present Address _____
Number Street City State Zip

Telephone () _____

Permanent Address _____
Number Street City State Zip

Telephone () _____

Social Security Number — —

Present Occupation _____ Date Available _____

Transportation Status (check one) ☐ Available ☐ Not Available

Education

Name of Institution (beginning with High School)	Years Attended	Graduated	Degree Minor/Major

Employment History

Dates Employed	Name of Organization	Position	Supervisor	Phone

The City of Lafayette is an Equal Opportunity Employer

Office Use Only	
Logged _____	Position _____
Status _____	Salary _____
Start Date _____	

References (other than relatives and past employers)

Name	Phone	Relationship

Have you ever been convicted of a felony? Yes No
Have you ever been employed here before? Yes No
Are you able to meet the attendance requirements? Yes No
If you are under 18, can you furnish a work permit? Yes No
Driver's license number if driving is an essential function _____ State _____

Certifications

	Expiration Date		Expiration Date
<input type="checkbox"/> Standard First Aid	_____	<input type="checkbox"/> Fitness	_____
<input type="checkbox"/> C.P.R.	_____	<input type="checkbox"/> Sports Officiating License	_____
<input type="checkbox"/> Lifeguard Training	_____	<input type="checkbox"/> CDL License	_____
<input type="checkbox"/> Water Safety Instructor	_____	<input type="checkbox"/> Applicators License	_____
<input type="checkbox"/> Adaptive Aquatics	_____	<input type="checkbox"/> Other:	_____

Animal experience (Zoo applicants only)

Machinery and equipment you are qualified to operate. (Maintenance applicants only)

Additional Information:

CERTIFICATE OF APPLICANT: I hereby certify that all the above questions are fully, correctly, and truthfully answered and I authorize this employer to contact my former employers, references, and other sources in order to verify the facts furnished regarding my character and qualifications. I hereby release any such employer or persons liability of any nature on account of furnishing such information. I understand that any misleading, incorrect, or untruthful statements may render this application void; and if I am employed, would be just cause for termination of my employment.

Signature

Date

Note: Please attach resume if available

Revised 9/26/01